Study of Relations Between Osteopathy and Medicine

Report to the House of Delegates of the American Medical Association of a Committee for the Study of Relations Between Osteopathy and Medicine,* June 1953.

THE COMMITTEE. In 1951, the President of the Association reported to the Board of Trustees that the relations between medicine and osteopathy presented widespread problems involving a majority of the states to some degree. He had believed previously that these problems were localized to certain areas but found in the course of visiting many states that this was not the case.

The Board of Trustees appointed a committee to inquire into the matter and confer with representatives of the osteopathic profession. A number of informal meetings and one formal meeting were held. The latter was attended by the ranking officers of the American Osteopathic Association.

In his exaugural remarks to the House of Delegates in June 1952, the retiring President called this situation to the attention of the House of Delegates. The representatives of the American Osteopathic Association had informed the committee of the American Medical Association that the curricula of the colleges of osteopathy consisted mainly of courses in medicine and surgery and that the quality of instruction in these colleges could be improved if more doctors of medicine were willing to teach in these colleges. The President further raised the question as to the validity of the classification of modern osteopathy as "cultist" healing.

The reference committee considering this report recommended and the House directed that a committee be appointed by the Board of Trustees to confer further with representatives of the osteopathic profession when and if requested. The Board appointed a committee consisting of Drs. E. Vincent Askey, F. J. L. Blasingame, Edwin S. Hamilton, Arch Walls and John W. Cline.

Due to additional matters coming before the Board of Trustees at the Clinical Session in December 1952, the Board appointed another Committee for the Study of the Relations Between Osteopathy and Medicine. This committee, composed of the same persons, was directed to investigate these relationships and report to the House in June 1953.

The committee has gathered and reviewed considerable data derived from a variety of sources including questionnaires sent to every state medical association and county medical society and to those individuals who receive the Secretary's Letter.

The questionnaires were designed by the committee but were submitted to the secretary and assistant secretary of the Association, the director of public relations, the secretary of the Council on Medical Service, the director of the Bureau of Medical Economic Research and the attorney of the Association for review, criticism of the content and phraseology and additions and deletions. Others also were consulted. These conferences resulted in numerous changes in the original draft. The final questionnaires were, therefore, the product of many minds. An effort was made to phrase the questions simply but to make them adequate to provide the necessary information. A conscious effort was made to avoid "weighted" questions and terminology.

The questionnaires were returned to and analyzed by the Bureau of Medical Economic Research. The associations of 36 states and that of the District of Columbia responded in time to be included in this study. Twelve did not reply.

The questionnaires directed to county societies and individuals were less extensive but covered much the same material. The return was not as large as had been expected but the pattern of replies followed that of the state associations fairly closely although individual opinions were often at variance. The similarity of replies was sufficient to warrant the conclusion that the replies of the state associations represented majority opinion within the states.

The following state medical associations replied:

Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Georgia, Illinois, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the District of Columbia.

In addition, a letter propounding certain questions was sent to the deans of the schools of osteopathy. One responded directly. A composite reply was furnished to the committee by the Conference Committee of the American Osteopathic Association at a meeting of the two groups in Chicago, May 15, 1953. The replies were placed in writing subsequently and forwarded to the chairman.

The committee renders this report:

Historical. Osteopathy was founded in 1874 by Dr. Andrew Taylor Still, a practicing physician. He promulgated a concept that all "disease is the result of anatomical abnormalities followed by physiological discord," and that the "anatomical abnormalities" consisted of lesions of bones, joints and their supporting structures. These, in turn, induced disturbances of nerve and vessel function which produced pathological conditions in other tissues. He inveighed against drugs, serums, vaccination

*Drs. E. Vincent Askey, John W. Cline, Edwin S. Hamilton, Arch Walls and F. J. L. Blasingame.

and "electricity, x-radiance, hydrotherapy or other adjuncts." He believed that "Osteopathy is an independent system and can be applied to all conditions of disease . . ." and that surgery should be advocated only "as a last resort." He said, "We believe that our therapeutic house is just large enough for osteopathy and that when other methods are brought in just that much of osteopathy must move out."

The original concept of Dr. Still could be classified only as "cultist" healing. The only justification advanced in defense of it is that drug therapy of that day with few exceptions was not specific or very effective.

The earlier schools followed the dicta of Dr. Still. Some advocates adhered to them with religious fervor and became extremely bitter toward orthodox medicine as a result of the legitimate criticism made of the then osteopathic concept.

Since that time great evolutionary change has taken place in osteopathy. It is difficult to trace the chronological course of this development and to document it with relation to time. Apparently no historical account exists. We were unable to find one and the American Osteopathic Association could not furnish us with a reference to one.

A comparison of osteopathy at the turn of the century and at the present time, however, makes it obvious that such evolution took place. In its effort to develop an orderly account of this change the committee consulted books, periodicals and numerous individuals. It then propounded questions to the deans of osteopathic schools and the representatives of the American Osteopathic Association. In addition, the committee investigated the curriculum development and the legal requirements for licensure of osteopaths at various stages. Certain facts which establish a partial history were developed.

As pointed out previously, the early schools adhered to the drugless and "cultist" theories of Dr. Still. Of the six existing schools most apparently began as institutions following these teachings. Some may have begun on a broader base but all largely followed his theories.

At some time all departed from this dogma and began to turn toward the pattern of medical schools. The exact time of the departure of each is difficult to ascertain.

The composite answer of the schools of osteopathy states that some aspects of drug therapy always were included in their teaching but these were limited in extent. All schools instituted informal teaching of pharmacology prior to the listing of formal courses in printed announcements. We believe that pharmacology was included because the inadequacy of drugless therapy was recognized but that formal listing of such courses was delayed out of deference to the opposition of the so-called "old religionists" in osteopathy.

One school gave informal instruction in drug therapy prior to 1913, and in that year offered formal courses in pharmacology and materia medica. Other schools followed this pattern and in 1940 the last school made announcement of a formal course in pharmacology after having taught the subject for years without according it an official listing.

As nearly as we can ascertain, pharmacology has been taught in one school for more than 40 years and in most, if not all schools, for more than 25 years. It has been taught on a formal and announced basis in all schools for periods varying between 13 and 40 years.

Another approach to documentation of the evolution of osteopathy is found in the history of licensure. The current extent of licenses will be discussed later. Differing types of examining boards exist. Some consist solely of doctors of medicine, some solely of doctors of osteopathy and some are composed of both. In the last type, doctors of medicine usually, and probably always, predominate in numbers.

In 1913, and perhaps as early as 1900, composite boards granted full licenses to practice medicine and surgery to osteopathic graduates. Since that time, doctors of osteopathy have become eligible to full licensure in a majority of states.

In 1922, one state established, by law, entrance requirements and curriculum requirements, identical with those required of medical schools, which had to be fulfilled prior to admission to examination for full licensure by the osteopathic examining board. The osteopathic board in this state is said to have maintained high standards since that date. One school qualified to meet its requirements in 1922, two by 1940, and the remaining three by 1947.

The Osteopathic Concept. The original ideas of Dr. Still were mentioned earlier. As the evolution of osteopathy has taken place the concept of osteopathy has changed. Concise definitions of modern osteopathy and the current osteopathic concept are difficult to find.

One expression of the osteopathic concept is found in the following: "Stated simply, the principles are: (1) The normal body contains within itself the mechanisms of defense and repair in injuries resulting from trauma, infections and other toxic agents; (2) the body is a unit and abnormal structure or function in one part exerts abnormal influence in other parts; (3) the body can function best in defense and repair when it is in correct structural arrangement."

A modification of the foregoing is found in another source:

The statement, "The body contains within itself the power to cure all of its curable ills," is subject to certain qualifications, which must be applied to the patient under consideration. Some of these are:

1. The body must be in the best mechanical adjustment possible.

2. The body must have the most adequate circulation possible.

3. The body must have available, from food or medication, the required chemicals for proper function.

4. The body must have a physiological reserve to affect the necessary compromise with its environment.

5. The body must be relieved of all impediments to proper function.

6. The body must be relieved of all sociopsychological impediments which must be recognized and dealt with as effectively as possible.

In addition, one encounters statements such as "Contrary to erroneous opinions of persons not acquainted with the basic principles of osteopathy, it has never been a drugless school of practice. Surgery and the use of drugs always have been included within its practice."

The committee reviewed a series of six articles relative to the osteopathic concept appearing in the *Forum of Osteopathy*, a publication of the American Osteopathic Association, from March to August 1952. These articles were based upon statements by many individual osteopathic physicians with editorial comment by the author of the compilation.

The statements quoted are often somewhat contradictory and the author comments upon the validity of the differing points of view expressed in them. Predominant opinion seems to stress that osteopathy encompasses the full field of medicine and that its present and future development depend upon an attitude of acceptance of new theories and new methods of diagnosis and treatment of disease as the value of these methods is demonstrated.

Discussions with leaders of the osteopathic profession and teachers in their schools reflect some difference in points of view but their opinions are almost unanimous that the only basic difference between osteopathy and medicine at the present time is the degree of emphasis placed upon manipulative therapy. It is stated by some that manipulative therapy has not been subjected to critical evaluation and that thorough investigation of its value by trained clinical research workers in our medical institutions would be welcomed. There is an inference that such evaluation might exert great influence upon the future of osteopathy.

As will be shown by an analysis of the curricula of the colleges of osteopathy, medicine as we understand the term, in its various branches probably occupies more than 90 per cent of the instructional hours. The total clock hours of instruction in osteopathic schools is on the average about 25 per cent greater than the corresponding time devoted to instruction in medical schools. The increased number of hours, in the opinion of medical educators, is a disadvantage rather than an advantage but demonstrates that the number of clock hours devoted to teaching of medicine in osteopathic schools is at least as great as that in medical schools.

Colleges of Osteopathy. There are six osteopathic schools currently operating in the United States. These are:

1. Kirksville College of Osteopathy and Surgery, Kirksville, Mo., 1892.

2. College of Osteopathic Physicians and Surgeons, Los Angeles, Calif., 1896.

3. Philadelphia College of Osteopathy, Philadelphia, Pa., 1898.

4. Des Moines Still College of Osteopathy and Surgery, Des Moines, Iowa, 1898.

5. Chicago College of Osteopathy, Chicago, Ill., 1900.

6. Kansas City College of Osteopathy and Surgery, Kansas City, Mo., 1916.

Some of the present schools have resulted from mergers of other schools and some have undergone changes in name similar to the evolution of some of our schools of medicine. The dates indicate the founding of the original school in continuous operation.

The organizational structure of the colleges of osteopathy is essentially identical. All are incorporated as non-profit educational institutions governed by boards of trustees which appoint the administrative officers and the faculties. None are operated for profit. None is a part of or associated with universities or other colleges.

None is tax supported. Finances are derived mainly from contributions by alumni and tuition fees. A well organized and vigorous campaign begun by the American Osteopathic Association in 1943 has collected over five million dollars. Some contributions come from private philanthropy. The United States Public Health Service makes grants to all schools for such projects as education in cancer and heart disease. The Navy and the U. S. Public Health Service have made some grants for research. One school derives minor support from the state for V.D. and indigent care.

Faculties. Of 487 faculty members listed in the six colleges, 32 are recorded as having degrees of A.B. or B.S. without additional degrees; 273 have

the degree D.O. only; 96 have both A.B. or B.S. and D.O. degrees; 13 hold M.A. or M.S. degrees only; 36 are listed as having M.A. or M.S. and D.O. degrees; 26 have Ph.D. standing; 10 are listed as M.D. and 6 have the degree of D.D.S. Reports from the osteopathic colleges show that there are 15 doctors of medicine teaching in five schools at the present time.

In some catalogs only the degree is listed. In others, however, the institution conferring it also is listed and practically all the A.B., B.S., M.A., M.S., and Ph.D. degrees so listed were conferred by well recognized educational institutions. Some of the M.D. degrees were granted by currently approved schools of medicine. Others were not.

The great majority of the faculty members holding bachelor's and master's degrees alone and those with Ph.D. and M.D. degrees teach in the fields of basic sciences. Some with additional D.O. degrees are in clinical fields.

Admission Requirements and Students. All schools require three years of preprofessional study of a grade leading to a baccalaureate degree in an acceptable university or college and the curriculum content of preosteopathic course requirements is the same as that for admission to schools of medicine.

Analysis of data from all schools shows that 49 per cent to 78 per cent of the students enrolled in present classes hold the degree of A.B. or B.S. Degrees of M.A. or M.S. are not uncommon and an occasional Ph.D. is listed. Sixty-four per cent of all current students hold baccalaureate or higher degrees. The most recent classes show substantially higher figures.

Many students have matriculated from teachers' or junior colleges but many from outstanding colleges and universities, some of which have medical departments. Among these Michigan, Missouri, Illinois, Minnesota, Wisconsin, Iowa, Kansas, Pittsburgh, Ohio State, Indiana, New York University, Washington University, the University of Washington and Northwestern contribute substantial numbers and Harvard, Yale, Cornell and Columbia are represented. This proportion is progressively increasing and that from lesser institutions is decreasing.

Some schools select students partially on the basis of aptitude tests.

Classes. The classes vary from 60 to almost 100 students each, depending upon the school. The enrollments of the schools in 1952 varied from 240 to 368 and totaled 1,921 students. Every state was represented. Enrollments reflected the geographical location of the school to some degree but the larger states and those with larger numbers of doctors of osteopathy and wider scope of licensure furnished the bulk of the students. The largest numbers had residence in California, Michigan, Pennsylvania, Missouri, Ohio, Texas, Illinois, New York, Iowa, New Jersey, Oklahoma and Florida. A number of students came from foreign countries.

Curriculum. Review of the catalogs shows that the portion of the curriculum devoted to teaching of osteopathic theory and technique varies on a mathematical basis—from 4 to 14 per cent of the total number of clock hours. A breakdown of the courses, however, shows instruction in history taking, physical examinations, physical therapy and rehabilitation sometimes included under osteopathic titles. On the other hand, osteopathic instruction is integrated with other clinical teaching.

It is difficult to determine the exact number of hours devoted to osteopathic teaching in contradistinction to basic sciences and medicine in its various fields and the proportion of these hours to the total program. It is estimated that an average of more than 90 per cent and perhaps 95 per cent of the instructional hours are devoted to basic sciences, the fields of medicine, surgery and obstetrics. These courses of instruction and the distribution of hours correspond closely to those of medical schools.

All colleges of osteopathy require four year courses. Most operate upon a semester system but the quarter plan exists in some. The total clock hours vary from 5,044 to 6,526 in different schools and average 5,756 for all schools.

The distribution of hours devoted to didactic, clinical and laboratory instruction varies. The same is true of medical schools but the impression is gained that somewhat greater emphasis is placed upon didactic teaching in schools of osteopathy. In some schools, however, introduction to clinical subjects occurs early and is fairly extensive.

Quality of Instruction. The committee had no entirely satisfactory method of evaluating the quality of instruction in clinical subjects. Results of examinations in basic sciences in the states requiring such examinations prior to admission to practice furnish a reasonable basis upon which to determine the quality of instruction in preclinical subjects.

Twenty-one licensing jurisdictions require such examinations. In 1952, 3,263 doctors of medicine or medical students and 276 osteopaths or osteopathic students took basic science examinations. The ratio of osteopathic to medical candidates was about that of enrollments in schools of osteopathy to schools of medicine. Eighty-eight per cent of the medical and 84.5 per cent of the osteopathic candidates passed the 1952 basic science examinations. This is in marked contrast to 1942, when 85.6 per cent of medical and 55.4 per cent of osteopathic

candidates passed. In 10 years medical candidates showed 2.4 per cent improvement in passing basic science examinations and that for osteopathic candidates was 29.1 per cent.

The committee had one confidential communication bearing upon the quality of instruction in colleges of osteopathy as compared with schools of medicine. While this was an indirect approach and incomplete answer to the question it covered both types of schools on a wide basis.

At the end of four years of schooling the average medical student had acquired more medical knowledge than had the corresponding osteopathic student. The margin was definite but no mechanism existed to determine its extent. It must be recognized that there is variability in both classifications of school.

This same source states that the performance of a considerable number of students in the best osteopathic schools is now superior to that of the students in some medical schools. The committee believes the quality of instruction in medical schools to be definitely superior to that of osteopathic schools. There is evidence that education in osteopathic schools is improving but improvement is impeded by a lack of trained teaching personnel. This seems to be particularly true in the clinical fields.

Graduate Training. The American Osteopathic Association approves hospitals for intern and residency training. Seventy-six hospitals are approved for intern and 38 for residency training. The committee is not in a position to evaluate this training.

Number and Distribution of Osteopathic Physicians. Eleven thousand eight hundred and twenty-seven osteopathic physicians were registered in 1952. Of this total 207 were in Canada and foreign countries, 14 were in the service; 145 were out of practice; 11,461 were in practice in 48 states, the District of Columbia, Hawaii and Alaska.

According to total number of licenses, osteopathic physicians were distributed principally in the following states:

California	1,976	New Jersey	358
Missouri	1,120	Oklahoma	348
Pennsylvania	1,081	Massachusetts	291
Michigan	1,062	Florida	278
Ohio	629	Kansas	227
Texas	531	Maine	215
Iowa	472	Colorado	182
New York	472	Wisconsin	160
Illinois	416	Washington	158

This, however, does not give a true picture of distribution with reference to population. Certain small population and sparsely settled states show greater numbers in proportion. Among these are Arizona with 96, New Mexico 106 and West Virginia 129. Some states with large populations show relatively small numbers of osteopathic physicians. Connecticut has 76, Minnesota 92 and most of the southern states very few. Distribution in general tends to bear some relationship to population, geographical location, and particularly to the scope of state licensure.

Within the individual states distribution tends to follow population and trading centers much after the pattern of that of doctors of medicine. There are, however, many exceptions. As an example, certain areas in Missouri with low ratios of doctors of medicine to population show comparatively high ratios of osteopaths. The same is true of northern Maine and the upper peninsula of Michigan. There are widely distributed towns and rural areas in many states in which the only care of illness immediately available is by osteopaths or where they outnumber doctors of medicine.

Volume of Care Rendered by Osteopathic Physicians. There is no clear method of determination of the proportion of medical care rendered by members of the osteopathic profession. It is estimated that about 175,000 doctors of medicine and 11,400 doctors of osteopathy are in active practice in the United States. With this as the sole basis of computation approximately 6 per cent of the medical care of our people is rendered by osteopathic physicians.

Scope of Licensure and Administration. In some states the scope of licensure is clear. In others it is not. Courts in various states have interpreted identically worded statutes differently. In some the scope of license has not been adjudicated. This confusion is reflected in the state association, county society and individual replies to the questionnaires.

The June 1952 digest of state laws published by the American Osteopathic Association states that the graduates of the six schools of osteopathy are eligible to full license to practice medicine and surgery in the following states:

Arizona, California, Colorado, Connecticut, District of Columbia, Delaware, Florida, Hawaii, Indiana, Iowa, Kentucky, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming.

Licenses permit limited use of drugs but no major surgery in: Arkansas, Georgia, Idaho, Louisiana, Minnesota and North Dakota.

Licenses permit only manipulative therapy in: Alabama, Illinois, Kansas, Maryland, Mississippi, Montana, North Carolina and South Carolina.

There is room for legal argument concerning the exact meaning of the law in certain instances, but

this list corresponds fairly closely with the 1949 survey of the Michigan State Medical Society and with the informal opinion of the attorney of the American Medical Association. For the purpose of general consideration, it can be accepted as substantially accurate.

Most jurisdictions which grant unlimited licenses do so upon the basis of the original license without additional requirements. In a number it depends upon an examination identical with that for medical licensure and given by the medical licensing body. In some the date of graduation is a determining factor. In some states additional training and/or additional examination is required.

In some states only one type of license is granted. In others limited and unlimited licenses both exist. In the country as a whole, the numbers and proportions of limited licenses are diminishing rapidly.

The educational standards of all osteopathic schools are now, and for some time past have been, such that their graduates are eligible to unlimited licensure in all states granting such licenses.

Doctors of osteopathy tend to settle in areas in which unlimited licenses are granted. The scope of licensure in general has been gradually extended and we are informed that the legislatures of several states have measures designed for this purpose under consideration at present.

The Public and Osteopathy. Eighteen state associations indicate that patients do not readily distinguish between doctors of osteopathy and doctors of medicine. Two were in doubt and two do not answer. Fifteen believe they do so.

Ten associations believe public use of osteopaths is increasing, 20 that it is remaining static and four that it is decreasing.

In 20 states osteopaths participate in voluntary health insurance programs. In 25 they render care to injured workmen under industrial accident laws. They also serve in the Veterans Administration. There is permissive legislation allowing them to serve in the Armed Services and the United States Public Health Service but as far as we know, none has been accepted.

Postgraduate Education. In 19 states no opportunity is provided for osteopaths to obtain instruction in courses sponsored by state medical associations, county medical societies, universities or hospitals. In 16, no answer is provided to the question. In two states osteopaths have access to courses given by state associations and county societies and by health departments in five.

Relationship Between Doctors of Medicine and Osteopaths. It is considered ethical to accept patients referred by osteopaths in 23 states and unethical in 11. Consultation with osteopaths is considered ethical in eight states and unethical in 24. Joint care of a patient is considered ethical in eight states and unethical in 25.

Twenty-nine state associations believe the quality of instruction in osteopathic schools would be improved if doctors of medicine freely participated in teaching in them. Eight do not reply. Twenty-nine believe the level of osteopathic practice would be improved if postgraduate courses were more readily available to osteopaths. Twenty-two believe the over-all care of illness in their states would be improved if doctors of medicine freely participated in undergraduate and postgraduate osteopathic education. Three believe there would be no change. Three believe it would be lowered. Nine do not reply.

If ethical restrictions of association between doctors of medicine and osteopaths were removed, 18 state associations believe the over-all care of illness would be improved. Seven believe there would be no change. Seven believe it would be lowered. Five do not reply.

Fourteen state associations classify modern osteopathy as practiced in their states as "cultist healing." Twenty-three consider it *not* to be "cultist healing" according to the definition of the Principles of Ethics of the American Medical Association.

Fifteen favor removal of ethical restrictions on voluntary association between doctors of medicine and doctors of osteopathy. Sixteen oppose such action. Five do not reply and one is non-committal.

SUMMARY

1. According to published statements, and in certain states by law, the requirements for admission to schools of osteopathy are the same as those for schools of medicine. In one school 78 per cent of the students hold A.B. or B.S. degrees. The average for all six schools shows 64 per cent possess baccalaureate or higher degrees. Only a small number of these degrees were achieved after admission to osteopathic school.

2. The curricula of osteopathic schools contain the same subjects taught in schools of medicine. Minor portions of the curricula are devoted to osteopathic courses and manipulative therapy.

3. The standard of education in osteopathic schools has improved materially in recent years. As far as this applies to basic sciences the fact is demonstrated by the results of basic science examinations. It is far more difficult to evaluate the education in clinical subjects. Such information as is available indicates some but lesser progress in this field.

4. The opportunities for doctors of osteopathy to obtain postgraduate training are meager.

5. The state medical associations, the county societies and individual physicians predominantly believe that the level of osteopathic education, the standards of practice and the over-all care of the sick would be improved if doctors of medicine were able freely to participate in undergraduate and postgraduate education of osteopaths.

6. This belief is shared by leading osteopaths and osteopathic educators.

7. Doctors of osteopathy render medical and surgical care to a large but undetermined number of people of this country. There is no way of ascertaining the exact number but millions of patients are involved.

8. The scope of the osteopathic license varies from limitation to manipulative therapy in eight states to extensive or complete practice of medicine in 35 states. The trend is toward the extension of the scope of licensure.

9. Majority opinion of medical associations and individual physicians indicates that the quality of medicine practiced by osteopaths is variable and it probably differs in different states.

10. Medical opinions of osteopathy naturally vary. It is scarcely possible to compare osteopathy in such states as Maryland and Wisconsin. In the former osteopathy is limited to manipulative therapy and in the latter the state board of medical examiners recognizes the six schools of osteopathy as approved schools of medicine. It is likewise impossible to compare osteopathy in Alabama which has four osteopaths to that in California with almost 2,000. Similar difficulties are encountered even in such adjacent states as Iowa and Illinois, Missouri and Kansas, and Texas and Arkansas.

11. In 20 of the 37 states replying to the questionnaire, doctors of osteopathy participate in voluntary health insurance plans and in 18 of these in Blue Shield plans. A few states specify that the basis of participation is not quite the same as that for doctors of medicine. In 1952, six of the highest 25 individual payments by Michigan Medical Service were made to osteopaths. Osteopathic hospitals and in some instances osteopaths are compensated by Blue Cross plans.

12. In 25 of the states reporting, doctors of osteopathy render care to injured workmen under the industrial accident laws.

13. Twenty-three of the 37 states replying consider it ethical for doctors of medicine to accept referred patients from osteopaths. Eight states hold it ethical to consult with and participate with osteopaths in the care of patients. In most states some physicians consider all three categories of association to be ethical.

14. On the whole the states in which state association and individual opinions of osteopathy are highest are the states in which osteopathic licenses are unlimited or extensive. Where the scope of licensure is sharply limited or the osteopaths were few in number the opinions are less favorable.

15. In many widely distributed towns and villages all or a large part of the immediately available care of illness is furnished by osteopaths.

16. Public acceptance of osteopathy is extensive. Ten state associations report the use of services of osteopaths to be increasing, 20 that it is remaining static and only four that it is decreasing. A large number of people, through necessity, failure to distinguish between medicine and osteopathy or by choice receive their care of illness from osteopaths. Osteopaths serve in the Veterans Administration.

17. Twenty-three state associations classify modern osteopathy as practiced in their states as *not* being "cultist healing" according to the definition of our Principles of Ethics. Fourteen consider it *to be* "cultist healing."

18. Fifteen state associations favor removal of all ethical restrictions upon voluntary association between doctors of medicine and doctors of osteopathy. Sixteen do not.

19. There is difference of opinion among osteopathic physicians as to the relative importance of and the place which manipulative therapy occupies in the treatment of disease. Some hold its position to be important and others to be minor. An increasing number, particularly of more recent graduates, disavow it.

20. It is the opinion of the committee that the official viewpoint of the representatives of the American Osteopathic Association is that osteopathy includes the entire field of medicine and surgery but integrates manipulation of musculoskeletal structures with medical and surgical methods of therapy. No diagnostic or therapeutic procedure used in medicine or surgery is excluded.

Osteopathy has undergone a process of evolution which has brought it to a point of such similarity to medicine that no marked fundamental differences exist between medicine and osteopathy.

The entrance requirements for schools of osteopathy and schools of medicine are identical. The curricula have the same content, except for the inclusion of osteopathic theory, diagnosis and treatment. The period of instruction in both instances is four years. The clock hours devoted to teaching basic sciences, medicine and surgery are as great in schools of osteopathy. The level of instruction in basic sciences is demonstrated by the record of osteopathic candidates in examinations in these sub-

jects. Indirect and incomplete methods of evaluation of the quality of instruction in clinical subjects, insofar as they apply, indicate progressive improvement in this field.

There are unquestionably doctors of osteopathy still in practice who explain disease upon antiquated osteopathic theories and who rely solely upon manipulative methods of therapy, but their number is constantly decreasing. It might be argued upon this basis that osteopathy still remains "cultist healing."

Instruction in all fields of medicine and surgery has been given in some osteopathic schools for 40 years and formally in all osteopathic schools since 1940. Osteopathic teaching is integrated with these courses to some degree. It might be argued upon this basis that "cultist" aspects remain.

Nevertheless, the committee after careful study and thoughtful consideration is of the opinion that the teaching in osteopathic schools at the present time, and for some years past, does not constitute "cultist healing" as defined in our Principles of Ethics and that this stigma should be removed.

The committee believes that the level of osteopathic education and hence osteopathic practice would be raised if more doctors of medicine taught in schools of osteopathy and in postgraduate courses. This point of view is shared by a large majority of state medical associations. The only method by which this can be done is to eliminate the stigma of "cultism." As long as this stigma remains most doctors of medicine will be reluctant to participate in the education of osteopathic students and in providing postgraduate education.

Doctors of osteopathy render medical care to millions of patients.

The objectives of the American Medical Association and its responsibilities are to improve the health and medical care of the American people. The committee is of the opinion that these purposes would be served by making it possible for schools of osteopathy to draw upon the services of doctors of medicine as teachers. We should assist improvement in the education of osteopathic physicians.

The committee believes that the American Medical Association should encourage state medical associations to aid in the improvement of osteopathic postgraduate education where the state associations find this desirable and feasible.

In view of the variation in the scope of osteopathic licensure by the states, probable variation in the level of osteopathic practice in different states, widely divergent opinions and differing local conditions, the committee is of the opinion that any national policy governing the individual relationships of doctors of medicine to osteopaths would not apply equally to all states. In keeping with the autonomous nature of state associations and democratic principles the responsibility for regulation of these relationships should be assumed by the several state medical associations.

The committee is of the opinion that the meetings it has held with the Conference Committee of the American Osteopathic Association have been productive of greater understanding between the two professions and a friendly approach to mutual problems. It would be wise to continue this type of liaison in the future.

The committee also is of the opinion that it would be helpful for similar committees to be created on the state level where state associations find it desirable. Much public wrangling and acrimonious conflict might thereby be avoided.

In the past much publicity has been given to the prospect of amalgamation of the medical and osteopathic professions. While this may be an ultimate eventuality there is no indication that it would be desirable or possible in the near future. Many years will elapse before differences of opinion and prejudices will be sufficiently resolved to make such a step possible.

RECOMMENDATIONS

The committee recommends:

1. That the House of Delegates declare so little of the original concept of osteopathy remains that it does not classify medicine as currently taught in schools of osteopathy as the teaching of "cultist" healing.

2. That the House of Delegates state that pursuant to the objectives and responsibilities of the American Medical Association which are to improve the health and medical care of the American people, it is the policy of the Association to encourage improvement in undergraduate and postgraduate education of doctors of osteopathy.

3. That the House of Delegates declare that the relationship of doctors of medicine to doctors of osteopathy is a matter for determination by the state medical associations of the several states and that the state associations be requested to accept this responsibility.

4. That the Committee for the Study of Relations Between Osteopathy and Medicine or a similar committee be established as a continuing body.